



Claimant's Record of Work Search



Authorized by
MCL 421.1, et seq.
Completion of this form may be
required for benefit entitlement.

Name:	Social Security Number:
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Use this form to record each employer you contacted during each week you are claiming unemployment benefits. Although this information is not requested when claiming each week, your claim may be audited and you may be asked at any time to provide a detailed record of your work search efforts. If you cannot provide this information, you may be penalized and have to pay back the benefits as well as damages of double or triple the amount received through fraud. Keep this record up-to-date.

[illegible]

[illegible]



INQUIRY

This form is used to request general claims information (e.g., question regarding your entitlement, 10 or more days have passed and your benefit payment has not been received, etc.). **Do not use this form to protest a (re)determination.** Use Form UC 1733, *Protest of a (Re)Determination*, for this purpose, and refer to "Your Protest and Appeal rights" found in your 1900 Booklet, *Unemployment Insurance: A Handbook for Claimants*.

ONLY USE THIS FORM IF YOU HAVE FAILED TO GET YOUR REQUESTED INFORMATION THROUGH THE MARVIN SYSTEM, OR BY CALLING YOUR UC BRANCH OFFICE. IF YOU ARE INQUIRING ABOUT A PAYMENT DELAY, USE THIS FORM ONLY IF YOU HAVE NOT RECEIVED A SCHEDULED PAYMENT AFTER 10 OR MORE DAYS.

BE SURE TO SIGN THIS FORM.

(PLEASE PRINT)

Social Security Number: _____ - _____ - _____

Check this box if this is a new address ☐

Telephone Number: (____) _____ - _____

Name: _____

Address: _____

City & State: _____ Zip Code _____

- ☐ 1. I filed a new claim on _____ and have not received a determination.
- ☐ 2. I filed a reopened claim on _____ and have not received a determination.
- ☐ 3. I filed for extended benefits on _____ and have not received a determination.
- ☐ 4. I sent form(s) for payment for week(s) ending _____ and through _____ and have not received my payment(s).
- ☐ 5. I requested a redetermination on _____ concerning the determination dated _____ and have not received the redetermination
- ☐ 6. I filed an appeal to the Administrative Law Judge (by mail ____ / personally delivered ____) on _____ concerning the redetermination dated _____. I have not been scheduled for a hearing ____ OR have not received a decision from my Administrative Law Judge hearing ____.
- ☐ 7. I submitted a lost/stolen affidavit ____, forgery affidavit ____ on _____ for week(s) ending _____ and through _____ and have not received my payment(s) or information.
- ☐ 8. I request the following information: _____

Your Signature: _____ Date: _____

(Over)

Mail this form to the UC office processing your claim. This form will be returned to you with our answer. The answer will be written below.

ANSWER

Appropriate question number is circled.

1. / 2. / 3.

Your determination has ____ has not ____ been issued because _____

4. Payment for the week(s) indicated has not been issued because _____

5. Your redetermination has ____ has not ____ been issued because _____

6. Your hearing has ____ has not ____ been scheduled because _____

You have not received a decision on your appeal because _____

7. You have received no response to your affidavit because _____

8. The following is in response to your request: _____

OTHER INFORMATION OR INSTRUCTIONS:

☐ See Attachment(s).

Branch Office # _____ Staffperson's Initials: _____ Date: _____

Office Telephone Number: (____) ____ - ____



REQUEST FOR NAME and/or ADDRESS CHANGE

- FOR A NAME CHANGE REQUEST, SUBMIT A COPY OF LEGAL PROOF WHICH DOCUMENTS THE CHANGE •

Check Appropriate Box: ☐ NAME CHANGE ☐ ADDRESS CHANGE

Your Name: _____
First Last Middle Initial

Social Security Number: --

NAME CHANGE

Your Name: _____
First Last Middle Initial

Reason for Change: ☐ Married ☐ Divorced ☐ Personal Choice

ADDRESS CHANGE

Old Address: _____
Street Address City State Zip Code

New Address: _____
Street Address City State Zip Code

Telephone Number: (_____) _____
Area Code

If you have relocated outside of Michigan, will it be for more than 4 weeks? ☐ Yes ☐ No
(If you answered "Yes," your file will be transferred to the Interstate Benefit Unit.)

I know the law provides penalties of fine, imprisonment and/or community service for any false statement(s). I certify that the information reported on this form is true and correct to the best of my knowledge.

Your Signature*: _____ Date: _____

* Your signature will be verified against your existing signature on record.

• FOR UC USE ONLY •

DO NOT SIGN UNTIL YOU HAVE ENTERED THE UPDATED INFORMATION INTO THE SYSTEM.

Staffperson's Signature: _____ Data Entry Date: _____



INCOME TAX WITHHOLDING

COMPLETION OF THIS FORM IS VOLUNTARY

FOR BRANCH OFFICE
USE ONLY

BYB: _____

S.S. #: - -

(PLEASE PRINT)

NAME: _____

ADDRESS: _____

You have the option to have federal **and** Michigan income tax withheld at the rates listed below, from the taxable portion of your unemployment benefits. The taxable portion of your weekly benefit amount (WBA) for federal tax is the remaining balance after any pension and/or earnings deductions. The taxable portion of Michigan income is the remaining balance after any deductions for pension, earnings, **and** exemptions. If you choose income tax withholding, you must have BOTH taxes withheld at the indicated percentages.

The withheld tax amounts will be shown on your benefit check stub and the annual tax year Form 1099-G, *Certain Government Payments*, which reflects the total benefit amount paid to you for the preceding calendar year.

Income taxes will not be withheld from your benefit checks unless authorized by you with your signature. No action is necessary if you do not wish to have income taxes withheld from your benefit checks.

*** NOTE: Although you can stop withholding at any time, you may elect to have taxes withheld only once per benefit year.**

☐ **START** 10% Federal Income Tax from each benefit payment.

AND

Michigan Income Tax Withholding Rate by Benefit Year Beginning (BYB) date.

BYB 1/6/2002 4.1%

BYB 1/5/2003 4.0%

BYB 1/4/2004 3.9%

FOR MICHIGAN INCOME TAX PURPOSES,
WHAT IS THE NUMBER OF YOUR EXEMPTIONS? (include yourself)

☐ **STOP** withholding income taxes from my benefit checks.

Signature

Date

ANY QUESTIONS? CONTACT THE UC CLAIMANT CUSTOMER RELATIONS HOTLINE:

1-800-638-3995

M-T-W-F 8:00 a.m. - 5:00 p.m. Thur 9:00 a.m. - 5:00 p.m.

CLAIMANT'S STATEMENT OF WAGES

Complete this form to provide wage information not available for use by the Bureau but required to determine if you qualify for unemployment benefits. Check the box in item 9 if you did not work for or were not PAID by the employer listed during the identified quarters and request the reported wages not be used. Complete a separate form for each employer, as directed. Instructions for completion are on the reverse side. Leave shaded areas blank. Please print clearly.

1. CLAIMANT LAST NAME, FIRST, MIDDLE INITIAL										2. SOCIAL SECURITY NUMBER		3. ADDITIONAL NAME or SSN WORKED UNDER									
BW&UC Account Number										Multi		Check Digit									
5. EMPLOYER (Name of Company)										6. EMPLOYER TELEPHONE NUMBER ()											
7. EMPLOYER ADDRESS										8. FIRST DATE WORKED				LAST DATE WORKED							
										MONTH		DAY		YEAR		MONTH		DAY		YEAR	

9. ☐ I never worked for or was not PAID by this employer during the quarters listed below and request the reported wages not be used.

[illegible]

11. CLAIMANT'S CERTIFICATION: I certify that the above information is true and correct to the best of my knowledge and belief.

I understand that the law provides penalties of fine, and/or imprisonment, and/or community service for false statements to secure benefits.

12. Claimant's Signature	Date:	Clerk's Initials

Instructions

- Clearly print your name and Social Security number. Enter any additional name or Social Security number you may have worked under.
- Enter the Federal Employer Identification Number (FEIN) from your W-2 Form, if available.
- Clearly print employer name, address, telephone number, and dates of employment.
- Report missing **gross** wages (before taxes) PAID to you in each calendar quarter identified in Item 10 on the front side. For example, you may have worked during the last week of March (1st quarter) but were not paid until April (2nd quarter). Report these wages in the 2nd quarter (the quarter containing the date you were PAID).

There are 4 calendar quarters per year.

The quarters are numbered and are the same from year to year.

Each quarter contains three calendar months as follows:

1st Quarter	January 1	through	March 31
2nd Quarter	April 1	through	June 30
3rd Quarter	July 1	through	September 30
4th Quarter	October 1	through	December 31

- If you know your gross wages for each quarter, complete only the Total Quarterly Wages box for each quarter identified in Item 10, or you may use the spaces provided to list each pay date and amount to help you figure the Total Quarterly Wages.
- If you have pay stubs, enter the pay dates (date of check) and gross wages paid on that date in the correct quarter.
- Calendars are available upon request that show the 4 quarters.
- A UC employee will assist you at any time if you request help.
- Mark the box in Item 9 if you never worked for or was not PAID by the employer listed within the identified quarter(s) and request the wages not be used on your claim. There are penalties for withholding employment information.
- Carefully read the Claimant's Certification Statement before you sign and date this form.

NOTE: If your claim is established based on the information you provide on this form, it may be subject to a redetermination when corrected wage information is obtained from your employer.



PROTEST OF A (RE)DETERMINATION

Attach 1 copy of the (re)determination you are protesting. Refer to: "Your Protest and Appeal Rights" contained in your 1900 Booklet, *A Handbook for Claimants*, before completing this form.

Social Security Number: _____

Name: _____

I WISH TO PROTEST THE DETERMINATION ☐

11

APPEAL THE REDETERMINATION

1

MAILED OR PERSONALLY SERVED ON: _____

***(Date)**

* Shown at bottom of (re)determination

FOR THE FOLLOWING REASON(S): _____

(Your Signature)

(Date)

NOTE: If you need more space, attach additional pages.

- IN YOUR PROTEST OR APPEAL, INDICATE THE REASON(S) WHY YOU DO NOT AGREE WITH THE (RE)DETERMINATION. ALSO, PROVIDE ANY NEW OR ADDITIONAL FACTS NOT PRESENTED IN YOUR FIRST STATEMENT.
- ATTACH COPIES OF ANY DOCUMENTS, EMPLOYER NOTICES, CORRESPONDENCE, OR OTHER TYPES OF INFORMATION WHICH MAY CLARIFY THE ISSUE YOU ARE PROTESTING. THESE DOCUMENTS WILL NOT BE RETURNED SO YOU SHOULD SEND DUPLICATES OR COPIES.
- **YOU MUST PROTEST IN WRITING OR IN PERSON.** IN ORDER TO BE ON TIME, **YOUR PROTEST MUST BE RECEIVED BY THIS OFFICE WITHIN 30 DAYS AFTER THE DATE THE DETERMINATION WAS MAILED OR PERSONALLY SERVED.** IF YOUR PROTEST IS NOT RECEIVED ON TIME, IT MAY AFFECT THE DECISION YOU RECEIVE.

IF THE 30 DAY PROTEST PERIOD HAS ALREADY LAPSED, YOUR STATEMENT SHOULD INDICATE WHY YOUR PROTEST IS NOT ON TIME.

IF YOU HAVE ANY DIFFICULTY COMPLETING THIS FORM, CONTACT, IN PERSON OR BY TELEPHONE, THE BUREAU (UC) BRANCH OFFICE PROCESSING YOUR CLAIM.

(SEE THE ENCLOSED DIRECTORY FORM UC 1712, *UC BRANCH OFFICE LOCATIONS* FOR APPROPRIATE TELEPHONE NUMBERS.) AFTER COMPLETING, MAIL THIS FORM TO YOUR UC BRANCH OFFICE.

THIS FORM CAN BE USED TO PROTEST A DETERMINATION, OR APPEAL A REDETERMINATION TO AN ADMINISTRATIVE LAW JUDGE.

FOLLOW THE INSTRUCTIONS IN YOUR BOOKLET, ***UNEMPLOYMENT INSURANCE: A HANDBOOK FOR CLAIMANTS***, OR CONTACT YOUR UC BRANCH OFFICE.



State of Michigan
Department of Consumer & Industry Services
BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION
ADDITIONAL CLAIM BY MAIL



BYB Date

B.O. No.

OCC.
CODE

To the Claimant:
Begin this form with Item 1 below.

Authorized by MCL 421.1, et seq.
Completion of this form is required to qualify for benefits.
Follow all instructions very carefully.

1. PRINT Name: Last	First	Middle	2. Social Security Number	Ck. Digit
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3. No. and Street

4. City-State-Zip Code	County	5. Telephone Number ()
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IMPORTANT: THIS FORM IS TO BE USED FOR FILING YOUR ADDITIONAL CLAIM BY MAIL ONLY IF ALL SEPARATIONS SINCE YOU LAST CLAIMED BENEFITS WERE DUE TO LACK OF WORK, OR IF YOU HAVE HAD NO EMPLOYMENT SINCE YOU LAST CLAIMED BENEFITS.

Have you returned to work since last claiming benefits? ☐ NO ☐ YES

If "NO," your claim is effective the beginning of the week in which this form is **received**.

If "YES," complete item 11 below.

It is your responsibility to complete and mail this form so that it is RECEIVED by your branch office no later than the Friday after the end of the week containing your last day of work. If you stopped claiming benefits for a reason other than a return to work, this completed form must be RECEIVED during the first week for which you wish to start claiming benefits again.

YOU MUST HAVE A PERSONAL IDENTIFICATION NUMBER (PIN) TO CALL MARVIN. IF YOU HAVE FORGOTTEN YOURS, GO IN TO THE BRANCH OFFICE BEFORE YOUR CALL-IN DAY. BE SURE TO HAVE PICTURE ID WITH YOU.

SINCE YOU LAST CLAIMED BENEFITS:

6. Unemployment benefits are subject to Federal and State income tax. Do you wish to have **both** Federal and Michigan State income tax withheld from the taxable portion of each weekly benefit payment?
(You can choose to have taxes withheld only once per benefit year.) ☐ NO ☐ YES

A. If "YES," you must enter the number of dependents/exemptions you claim for State income tax purposes.

7. Have you applied for or received retirement benefits? ☐ NO ☐ YES

8. Have you moved or changed your name? (If name change, file your claim in person.) ☐ NO ☐ YES

9. Are you in training or attending school? (If "YES," give dates.) From _____ Thru _____ ☐ NO ☐ YES

10. Were you unable to file this claim due to injury, illness or hospitalization that lasted 14 days or more? ☐ NO ☐ YES

11. List all employment since your last period of unemployment (whether in state or not). If more than 1 employer, use reverse side.

UC Account No.		Check Digit	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	First Date Worked	Last Date Worked
(DO NOT WRITE HERE)			Plant or Location	Reason for unemployment <input type="checkbox"/> Lack of Work	
EMPLOYER - Firm Name			Telephone ()	IF THIS SEPARATION WAS FOR REASONS OTHER THAN LACK OF WORK, YOU MUST FILE IN PERSON.	
No. and Street			Position Title	Do you expect to return to work with this employer?	
City - State - Zip Code			Was Social Security taken out of your pay?	<input type="checkbox"/> Yes When: _____	
County & State Worked In			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> No <input type="checkbox"/> I don't know	
FIPS CNTY			If your return to work date exceeds 120 days, you must register for work to be eligible for benefits.		

12. If you are not a citizen of the USA, enter the type of form or document issued to you: _____ Expiration Date: _____

13. Have you received or will you receive payments from your last employer for any period following your last day of work? ☐ NO ☐ YES
If "YES," show the amount of payment and period covered.

(a) Vacation Pay	\$ _____	From _____	To _____
(b) Holiday Pay	\$ _____	From _____	To _____
(c) Wages in Lieu of Notice	\$ _____	From _____	To _____
(d) Other _____	\$ _____	From _____	To _____

14. **YOUR CERTIFICATION:** I certify that all of the information submitted by me on this form is true and correct to the best of my knowledge and belief. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES OF FINE, AND/OR IMPRISONMENT, AND/OR COMMUNITY SERVICE FOR FALSE STATEMENTS TO SECURE BENEFITS.

15. Claimant's Signature _____ 16. Date Signed _____

BRANCH OFFICE USE ONLY															
Add'l	R/O	Effective W/E Date	RSW/JAW Date	Reg. Req.	UC 1002/APP	D/E Date	D/E Clerk								
				Y N											

FOLD HERE

FROM:

You must use a separate envelope for mailing.

FOLD HERE FIRST

Continuation of Item 11 from front of form.

NEXT TO EMPLOYER LAST	UC Account No.	Check Digit	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	First Date Worked	Last Date Worked
	(DO NOT WRITE HERE)		Plant or Location		
	EMPLOYER – Firm Name		Telephone ()	Reason for unemployment <input type="checkbox"/> Lack of Work	
	No. and Street		Position Title	IF THIS SEPARATION WAS FOR REASONS OTHER THAN LACK OF WORK, YOU MUST FILE IN PERSON.	
City – State – Zip Code		Was Social Security taken out of your pay? <input type="checkbox"/> YES <input type="checkbox"/> NO			
THIS EMPLOYER LAST	UC Account No.	Check Digit	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	First Date Worked	Last Date Worked
	(DO NOT WRITE HERE)		Plant or Location		
	EMPLOYER – Firm Name		Telephone ()	Reason for unemployment <input type="checkbox"/> Lack of Work	
	No. and Street		Position Title	IF THIS SEPARATION WAS FOR REASONS OTHER THAN LACK OF WORK, YOU MUST FILE IN PERSON.	
City – State – Zip Code		Was Social Security taken out of your pay? <input type="checkbox"/> YES <input type="checkbox"/> NO			



State of Michigan
Department of Consumer & Industry Services
BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION



CALENDAR

2001							
	S	M	T	W	Th	F	S
JAN	7	8	9	10	11	12	13
	14	<u>15</u>	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31	1	2	3
FEB	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	<u>19</u>	20	21	22	23	24
	25	26	27	28	1	2	3
MAR	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31
APR	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
MAY	29	30	1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
JUN	27	<u>28</u>	29	30	31	1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
JUL	24	25	26	27	28	29	30
	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
AUG	22	23	24	25	26	27	28
	29	30	31	1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
SEPT	19	20	21	22	23	24	25
	26	27	28	29	30	31	1
	2	<u>3</u>	4	5	6	7	8
	9	10	11	12	13	14	15
OCT	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	1	2	3	4	5	6
	7	8	9	10	11	12	13
NOV	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31	1	2	3
	4	5	6	7	8	9	10
DEC	11	<u>12</u>	13	14	15	16	17
	18	19	20	21	<u>22</u>	<u>23</u>	24
	25	26	27	28	29	30	1
	2	3	4	5	6	7	8

2002							
	S	M	T	W	Th	F	S
JAN	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	<u>21</u>	22	23	24	25	26
	27	28	29	30	31	1	2
FEB	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	<u>18</u>	19	20	21	22	23
	24	25	26	27	28	1	2
MAR	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
APR	31	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
MAY	28	29	30	1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
JUN	26	<u>27</u>	28	29	30	31	1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
JUL	23	24	25	26	27	28	29
	30	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
AUG	21	22	23	24	25	26	27
	28	29	30	31	1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
SEPT	18	19	20	21	22	23	24
	25	26	27	28	29	30	31
	1	<u>2</u>	3	4	5	6	7
	8	9	10	11	12	13	14
OCT	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	1	2	3	4	5
	6	7	8	9	10	11	12
NOV	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31	1	2
	3	4	5	6	7	8	9
DEC	10	<u>11</u>	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	<u>28</u>	<u>29</u>	30
	1	2	3	4	5	6	7

2003							
	S	M	T	W	Th	F	S
JAN	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	<u>20</u>	21	22	23	24	25
	26	27	28	29	30	31	1
FEB	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	<u>17</u>	18	19	20	21	22
	23	24	25	26	27	28	1
MAR	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
APR	30	31	1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
MAY	27	28	29	30	1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
JUN	25	<u>26</u>	27	28	29	30	31
	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
JUL	22	23	24	25	26	27	28
	29	30	1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
AUG	20	21	22	23	24	25	26
	27	28	29	30	31	1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
SEPT	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
	31	<u>1</u>	2	3	4	5	6
	7	8	9	10	11	12	13
OCT	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	1	2	3	4
	5	6	7	8	9	10	11
NOV	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	1
	2	3	4	5	6	7	8
DEC	9	10	<u>11</u>	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	<u>27</u>	<u>28</u>	29
	30	1	2	3	4	5	6

Adrian No. 051

1040 S. Winter St., Suite 1014
49221-3879
Phone: 517/ 263-0441
Fax: 517/ 265-2368

Alma No. 031

217 N. State St. 48801-2298
Phone: 989/ 463-2137
Fax: 989/ 463-5205

Alpena No. 032

315 W. Chisholm St.
49707-2420
Phone: 989/ 354-2157
Fax: 989/ 354-6090

Bad Axe No. 065

40 Cook Dr., P.O. Box 306
48413-0306
Phone: 989/ 269-6439
Fax: 989/ 269-6820

**Service Locations
by Numerical Listing**

No.	Location
003	Detroit
004	Detroit
007	Dearborn
008	Madison Heights
013	Canton
015	Monroe
021	Cadillac
023	Sterling Heights
024	Manistee
025	Muskegon
027	Petoskey
029	Traverse City
031	Alma
032	Alpena
033	Bay City
035	Fremont
037	Saginaw
039	West Branch
043	Grand Rapids
045	Holland
046	Ionia
051	Adrian
055	Jackson
056	Lansing
063	Flint
064	Lapeer
065	Bad Axe
066	Port Huron
071	Battle Creek
072	Benton Harbor
075	Kalamazoo
079	Sturgis
081	L'Anse
082	Escanaba
083	Houghton
089	Marquette
096	Sault Ste. Marie
098	Interstate Benefit Unit

Battle Creek No. 071

135 Hamblin Ave. 49017-3546
Phone: 269/ 962-5411
Fax: 269/ 962-4779

Bay City No. 033

1000 N. Madison Ave.
48708-5968
Phone: 989/ 894-2981
Fax: 989/ 894-5522

Benton Harbor No. 072

215 Colfax Ave. 49022-4704
Phone: 269/ 925-1118
Fax: 269/ 925-2443

Cadillac No. 021

1909 N. Mitchell St., P.O. Box 159
49601-0159
Phone: 231/ 775-3408
Fax: 231/ 775-1584

Canton No. 013

8775 Ronda Dr. 48187-2096
Phone: 734/ 453-3520
Fax: 734/ 453-6129

Dearborn No. 007

2901 Gully Rd. 48124-3199
Phone: 313/ 565-8300
Fax: 313/ 565-1935

Escanaba No. 082

P.O. Box 356
49829-0356
Phone: 906/ 786-6841
Fax: 906/ 786-4842

Flint No. 063

711 N. Saginaw, 1st Flr. N
48503-1758
Phone: 810/ 232-7110
Fax: 810/ 232-7185

Fremont No. 035

4747 W. 48th St., P.O. Box 145
49412-0145
Phone: 231/ 924-2240
Fax: 231/ 924-1996

Grand Rapids No. 043

3391 Plainfield Ave. N.E.
49525-2796
Phone: 616/ 361-3200
Fax: 616/ 361-3229

Holland No. 045

710 Chicago Dr., Ste. 310
P.O. Box 3179
49422-3179
Phone: 616/ 396-3581
Fax: 616/ 396-8669

Houghton No. 083

1300 Memorial Rd. 49931-2498
Phone: 906/ 482-2100
Fax: 906/ 482-6290

Ionia No. 046

309 W. Adams, P.O. Box 505
48846-0505
Phone: 616/ 527-1900
Fax: 616/ 527-2404

Jackson No. 055

540 N. Jackson St. 49201-1289
Phone: 517/ 782-8131
Fax: 517/ 782-6776

Kalamazoo No. 075

1601 S. Burdick St.
49001-2779
Phone: 269/ 349-9621
Fax: 269/ 349-6687

L'Anse No. 081

115 N. Front St. 49946-1187
Phone: 906/ 524-6425
Fax: 906/ 524-6455

Lansing No. 056

5015 S. Cedar St. 48910-5498
Phone: 517/ 334-6726
Fax: 517/ 393-8901

Lapeer No. 064

307 S. Court St. 48446-2598
Phone: 810/ 664-4270
Fax: 810/ 664-8235

Madison Heights No. 008

401 E. 13 Mile Rd. 48071-2197
Phone: 248/ 589-1600
Fax: 248/ 589-1509

Manistee No. 024

1660 U.S. 31 South 49660-9616
Phone: 231/ 723-2535
Fax: 231/ 723-4610

Marquette No. 089

2833 U.S. 41 West 49855-2252
Phone: 906/ 226-7543
Fax: 906/ 226-9945

Monroe No. 015

14930 LaPlaisance, Suite 123
48161-3871
Phone: 734/ 241-1771
Fax: 734/ 241-0174

Muskegon No. 025

1550 E. Laketon, P.O. Box 3304
49443-3304
Phone: 231/ 767-0868
Fax: 231/ 767-9819

Petoskey No. 027

2225 Summit Park Dr.
49770-2541
Phone: 231/ 347-5150
Fax: 231/ 347-4454

Port Huron No. 066

1640 Cleveland Ave.
48060-6723
Phone: 810/ 982-8533
Fax: 810/ 982-3765

Saginaw No. 037

614 Johnson St. 48607-1500
Phone: 989/ 753-6372
Fax: 989/ 753-5999

Sault Ste. Marie No. 096

1118 E. Easterday Ave.
49783-2397
Phone: 906/ 632-2239
Fax: 906/ 632-8696

Sterling Heights No. 023

37250 Van Dyke Rd.
48312-1865
Phone: 586/ 939-9650
Fax: 586/ 939-8412

Sturgis No. 079

209 W. Hatch St. 49091-1410
Phone: 269/ 651-2375
Fax: 269/ 651-3821

Traverse City No. 029

1209 S. Garfield Ave., Ste. C
P.O. Box 7200
49696-7200
Phone: 231/ 922-3700
Fax: 231/ 922-5275

West Branch No. 039

601 Progress St. 48661-9384
Phone: 989/ 345-2430
Fax: 989/ 345-5150

DETROIT OFFICES**Eastside No. 003**

4729 Conner St. 48215-2092
Phone: 313/ 822-9500
Fax: 313/ 822-1237

Northwest No. 004

4321 Oakman Blvd.
48204-2075
Phone: 313/ 934-0950
Fax: 313/ 934-8020

**Interstate Benefits Unit
No. 098**

Phone: 313/ 456-2790
Fax: 313/ 456-2799

ADMINISTRATIVE OFFICES**State Admin. Office (Detroit)**

Cadillac Place
3024 W. Grand Blvd.
Detroit, MI 48202
Phone: 1-800-638-3995

**Claimant Customer
Relations Hotline**

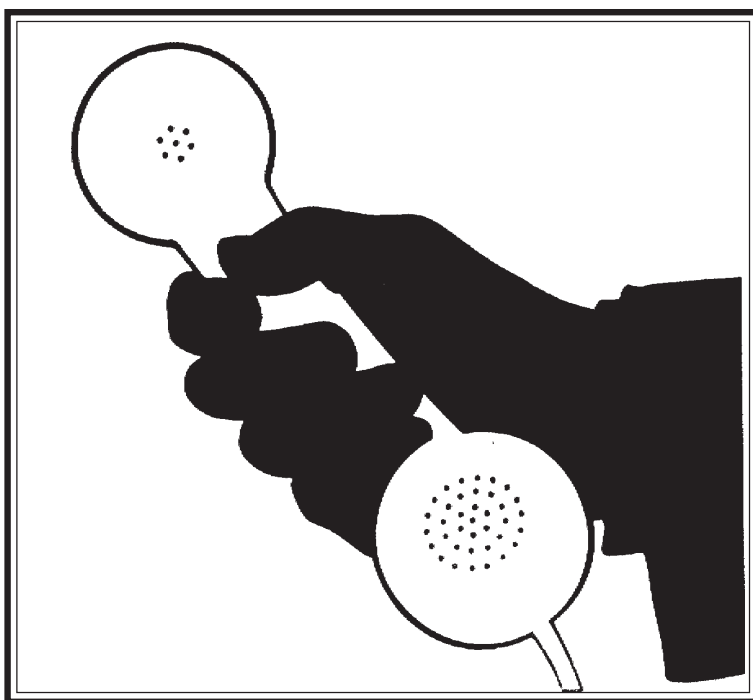
1-800-638-3995

Fraud Hotline

1-800-822-1122

M A R V I N

M I C H I G A N ' S A U T O M A T E D R E S P O N S E V O I C E I N T E R A C T I V E N E T W O R K



The forms within this packet are to be used by claimants who phone in to MARVIN to certify for unemployment benefits. If you are approved to file by mail, *do not use these forms*. The staff at your local Unemployment Compensation branch office will supply you with the appropriate forms.

If you have any problems or questions completing the enclosed forms, please contact your branch office.

Thank You!
MARVIN



John Engler, Governor



Department of
Consumer &
Industry Services

Serving Michigan . . . Serving You.

Noelle A. Clark, Director

State of Michigan
Department of Consumer & Industry Services
Bureau of Workers' & Unemployment Compensation
Cadillac Place
3024 W. Grand Blvd. • Detroit, MI 48202
Phone: 313/456-2000
UC Web Site: www.michigan.gov/bwuc

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